



## PART B - FEE(S) TRANSMITTAL

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**CURRENT CORRESPONDENCE ADDRESS** (Note: Use Block 1 for any change of address)

7590 02/27/2006

Maureen Stretch  
26 Charles Street  
Natick, MA 01760

05/30/2006 HDESS2 00000050 501696 09702049

01 FC:1506 885.00 DA

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

**Certificate of Mailing or Transmission**  
I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

MAUREEN STRETCH (Depositor's name)  
Maureen Stretch (Signature)  
5/30/06 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/702,049	10/30/2000	William J. Flanagan	ET00-007CIP	8546

**TITLE OF INVENTION:** SYSTEM AND METHOD FOR AUTOMATED, ITERATIVE DEVELOPMENT NEGOTIATIONS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	<del>YES</del> NO	\$30	\$0	\$30	05/30/2006
EXAMINER	ART UNIT	CLASS-SUBCLASS			
MEINECKE DIAZ, SUSANNA M	3623	705-080000			

**1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).**

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

**2. For printing on the patent front page, list**

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. MAUREEN STRETCH  
2.  
3.

**3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)**

**PLEASE NOTE:** Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.111. Completion of this form is NOT a substitute for filing an assignment.

**(A) NAME OF ASSIGNEE**

SKY TECHNOLOGIES LLC

**(B) RESIDENCE:** (CITY and STATE OR COUNTRY) **Adjustment date:** 05/30/2006 HDESS2  
Boston, MA 01 FC:2501 885.00 CR  
09702049

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

**4a. The following fee(s) are enclosed:**

- ☒ Issue Fee  
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☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 501696 (enclose an extra copy of this form).

**5. Change in Entry Status (from status indicated above)**

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☒ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

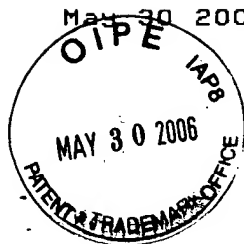
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Authorized Signature Maureen Stretch  
Typed or printed name MAUREEN STRETCH

Date 5/30/06  
Registration No. 29,447

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 33 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1430, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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**FAX COVER SHEET****MAUREEN STRETCH****Attorney at Law**26 Charles Street  
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Fax: 508-651-9932

<b>Send to:</b>	<b>Commissioner for Patents</b>
<b>Attention:</b>	<b>Mail Stop Issue FEE</b>
<b>Office location:</b>	<b>P.O.Box 1450, Alexandria VA 22313-1450</b>
<b>Fax number:</b>	<b>571-273-2885</b>
<b>From:</b>	<b>Maureen Stretch</b>
<b>Client/Matter</b>	<b>Application Serial NO. 09/702,049</b>
<b>Date:</b>	<b>5/30/06</b>

TOTAL PAGES, INCLUDING COVER: 2

**Contents**

Issue Fee Transmittal and Authorization to charge deposit account.

**COMMENTS:**

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